

**AUTHORIZATION TO RELEASE INFORMATION**

Re: Applicant/Tenant \_\_\_\_\_ Unit# \_\_\_\_\_

Roosevelt Commons  
825 N. 6<sup>th</sup> Ave Phoenix, AZ 85003  
602-253-3205 PH 602-368-9258 FX

As managing agents for this Low Income Housing Credit Project, Federal Regulations require we verify the program eligibility of all members of families applying for admission and verify this information periodically for residents. To comply with this requirement, your cooperation is needed in supplying the information requested. This information will be held in strict confidence for use in determining eligibility status and income for this family. A signed authorization for you release appears below. Please complete the attached form and return it to the address above at your earliest convenience. Thank you for your assistance.

Release by Applicant/Tenant

I hereby authorize you to furnish all requested information.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_